

General information

ST-6 Claim for Prior Overpayment / **Request for Action on a Credit Memorandum**

If you have been issued a credit memorandum and you are requesting a transfer or a cash refund, you must co
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If you are filing a claim for a prior overpayment on your account, you must complete Parts 2 and 3.
Everyone must complete Parts 1 and 6.

If you are filing a claim for a prior overpayment on your account, you must complete Parts 2 and 3. If you have been issued a credit memorandum and you are requesting a transfer or a cash refund, you must complete Parts 4 and 5.			
Part 1: Identify your business	Do not write above this line. Mark with an "X" only if the address is different from the		
Illinois business tax number	address on your original return, then complete Item 3 belo		
Business name	Number and street		
	City State		
Part 2: Tell us why are you filing this on the control of the following reasons. (Note: Illinois law requires us to the following reasons.)	claim for prior overpayment to convert a prior overpayment to a credit memorandum before taking other action.)		
4 I have a balance of prior overpayment that I want to h converted to a credit memorandum and transferred to another Illinois business tax (IBT) number.	nave 5 I have a balance of prior overpayment that I want to ha converted to a credit memorandum.		
That IBT number is	6 I have a balance of prior overpayment that I want to ha converted to a credit memorandum then converted to a		
Part 4: Tell us what action you are requestion one of the following reasons.	uesting for this credit memorandum		
-	9I have a credit memorandum that I want to have		
Part 5: Tell us the amount of the credi 10 What is the total amount of credit memorandum on which yo			
Part 6: Sign below Under penalties of perjury, I state that I have examined this claiknowledge, it is true, correct, and complete.	im or request for action on a credit memorandum and, to the best of my		
Owner, partner, or officer's signature Title and company at	ffiliation Phone Date		
	-		
Paid preparer's signature	Phone Date		
Mail to: SALES TAX PROCESSING DIVISION II I INOIS DEPARTMENT OF REVENUE			

PO BOX 19013 SPRINGFIELD IL 62794-9013